



AA / 13c  
Expedited Procedure

Our File No.: MOOB130

Date: August 2, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Appln. No.** : 10/002,668 10/002668  
**Applicant** : Andrew James Seeley  
**Filed** : October 31, 2001  
**Title** : Removal of Noxious Substances from Gas Streams  
**TC/A.U.** : 1754  
**Examiner** : M. Medina Sanabria  
**Docket No.** : MOOB130

**RECEIVED**

**AUG 10**

**TC 1700**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
2. ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
3. ☐ No additional fee is required.

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CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on August 2, 2004.

Attorney Name Marta E. Delsignore

Registration No. 32,689

Signature

*Marta E. Delsignore*

Date of Signature August 2, 2004

08/05/2004 ZJUHR1 00000087 060923 10002688

01 FC:1252 420.00 DA

Goodwin Procter L.L.P.  
599 Lexington Avenue  
New York, New York 10022

The Fee has been calculated as shown below:

	Claims remaining after amend. (Col. 1)	Highest No. Prev. Paid for (Col. 2)	Present extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
				RATE	FEE		RATE	FEE	
Total	*	Minus **	= 0	X 9	= 0		X 18	=	
Ind.	*	Minus ***	= 0	X 42	= 0		X 84	=	
() First Presentation of Multiple Dependent Claims				+ 140	=		+ 280	=	
TOTAL ADDITIONAL FEE:							TOTAL:		

\* If the entry in Col 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. prev. paid for" in this space is less than 3, write "3" in this space.

4.(a) [x] An Extension of Time to respond to the PTO communication mailed March 26, 2004 is hereby requested. The required fee, indicated below, is enclosed herewith.

Extension for response (check only one):

	<u>SMALL ENTITY</u>	<u>OTHER THAN A SMALL ENTITY</u>
Within first month	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 110
Within second month	<input type="checkbox"/> 210	<input checked="" type="checkbox"/> 420
Within third month	<input type="checkbox"/> 475	<input type="checkbox"/> 950
Within fourth month	<input type="checkbox"/> 740	<input type="checkbox"/> 1,480

(check and complete the next item, if applicable)

☐ An extension for has already been secured and the fee paid therefore of \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

or

(b)☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

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599 Lexington Avenue  
New York, New York 10022

5. ☒ Please charge our Deposit Account No. 06-0923 in the amount of \$420.00. Two copies of this sheet are enclosed.
6. ☐ A check in the amount of \$00 is enclosed.
7. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees are required under 37 CFR 1.16 and/or 37 CFR 1.117 associated with this communication or credit any overpayment to Deposit Account No. 06-0923. Two copies of this sheet are enclosed.

GOODWIN PROCTER L.L.P.

By: Marta E. Delsignore  
Marta E. Delsignore

PTO Registration No. 32,689

Enclosures